



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: NORTHSIDE GASTROENTEROLOGY ENDOSCOPY CENTER

Street Address: 8424 Naab Road Suite 3G

City: Indianapolis

County: Marion

Administrator Name: Galinton Bryan

Administrator Email: gbryan@northsidegastro.com

ASC Web Address: <https://northsidegastrocenter.com/>

Fiscal Year: 2016

Accredited:  Yes  No

Name of Accrediting Body: AAAHC

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	0
Number of procedure rooms	4

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	8306	10360
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45378	3086	
45385	2567	
43239	1896	
45378	1337	
43450	515	
43235	217	
G0105	215	

45381	138
G0121	93
43251	68

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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